

AMERICORPS PROMISE FELLOWS TITLE PAGE

Please type or print in black ink.

1. APPLICATION TYPE:

- ☐ State Commission
- ☐ National Direct
- ☐ Tribe Program
- ☐ Territory Program
- ☐ Other
- ☐

2.LEGAL APPLICANT INFORMATION :

Organization Name:

Contact Person:

Employer ID Number:

Address:

City:

State:

Zip:

Phone: ()

Fax: ()

Email:

3.PROGRAM INFORMATION:

Program Name:

Program Director/Contact Person:

Organization Name:

Address:

City:

State:

Zip:

Phone: ()

Fax: ()

Email:

4.PRIORITIES TO BE MET:

- ☐ Caring Adult
- ☐ Safe Places
- ☐ Marketable Skill
- ☐ Opportunity to Serve
- ☐ Healthy Start
- ☐ Community Mobilization for All Five

5.BUDGET:

Corporation Funds Requested _____

Total Program Cost _____

6.PROGRAM YEAR:

Start Date: _____

End Date: _____

7.TOTAL NUMBER OF FULL-TIME MEMBERS: _____

Number of full-time members listed above for which only an education award is requested: _____

8.CERTIFICATION:

Name: _____

Signature: _____

Title: _____

Phone: (____) _____

Date: _____

AMERICORPS PROMISE FELLOWS PROGRAM OBJECTIVES SUMMARY FORM

DATE OF SUBMISSION _____

Please type. Please include each of the program objective summary statements from Box 6 of the AmeriCorps Objective Worksheets in the space below. Submit this form, not the worksheets, to the Corporation with your program application. If you have more than three objectives in any category, duplicate this form to record additional objectives.

Legal Applicant: _____

Program Year: _____

Site Location (Organization, City, State): _____
(List the site(s) for which the objectives below apply.)

GETTING THINGS DONE

1.

2.

3.

MEMBER DEVELOPMENT

1.

2.

3.

STRENGTHENING COMMUNITIES

1.

2.

3.

CERTIFICATION AND ASSURANCES

CERTIFICATION SIGNATURE

NOTE: Sign this form and include in the application.

Before you start: Before completing certification, please read the Certification Instructions.

SIGNATURE: By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- Certification: Debarment, Suspension and Other Responsibility Matters
- Certification: Drug-Free Workplace
- Certification: Lobbying Activities

Legal Applicant: _____

Project Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

ASSURANCE SIGNATURE

SIGNATURE:

NOTE: Sign this form and include in the application.

By signing this Assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name: _____

Project Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____